Fill	in this information	to identify your case:		SA NOPONI	DE Ent	orod ()	20/2		x only as directed in th	is form and in
De	ebtor 1	Carolyn	М.	Rivera				√1 Thorois	no presumption of abo	100
		First Name	Middle Name	Last Name						
	ebtor 2 pouse, if filing)	N	ACT III AL	1				of abuse a	ulation to determine if oplies will be made un	der <i>Chapter 7</i>
(0)	peace,g,	First Name	Middle Name	Last Name	_				t Calculation (Official F	,
Ur	nited States Bankr	uptcy Court for the:	Easterr	n District of	Pennsylva	nia	-		ns Test does not apply military service but it o	
	ase number known)							Chook if th	is is an amended filing	
	· 							- Check ii tii	is is an amended illing	•
Of	ficial Form	122A-1								
Ch	napter 7	 Statement	of Your (Curren	t Mont	thly I	nco	me		12/19
and o eca vith	case number (if kanger) case of qualifying this form.	nown). If you believe	that you are exem plete and file <i>State</i>	pted from a p	resumption	of abuse	because	you do not ha	any additional pages, ve primarily consume 707(b)(2) (Official Forr	er debts or
1.		rital and filing status								
	_	Fill out Column A, line		th Columns A	and R lines	2-11				
		our spouse is NOT f				2-11.				
		the same household				Column A a	and B, li	nes 2-11.		
	under pe	parately or are legally enalty of perjury that y are living apart for rea	ou and your spouse	e are legally s	eparated und	der nonbai	nkruptcy	/ law that applie	g this box, you declares or that you and your 7(b)(7)(B).	•
10 va ex	01(10A). For exam wried during the 6 n	ple, if you are filing or nonths, add the incor	n September 15, the	e 6-month per and divide the	riod would be total by 6. F	March 1	through esult. Do column	August 31. If the not include an only. If you have	le this bankruptcy cas e amount of your mon y income amount more e nothing to report for	thly income e than once. For
							Debt	mn A t or 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).						\$0.00			
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		
5.	Net income from or farm	operating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (b	efore all deductions)		\$0.00						
	Ordinary and nec	essary operating exp	enses -	\$0.00						
	Net monthly incor	me from a business, p	orofession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other rea	property	Debtor 1	Debtor 2					•
	Gross receipts (b	efore all deductions)		\$0.00	Debioi 2					
	. ,	essary operating exp	enses .	\$0.00	-	•				
			. [\$0.00		Сору				
	Net monthly incor	me from rental or othe	er real property			here →		\$0.00	_	_
7.	Interest, dividend	ds, and royalties						\$0.00		•

Debtor 1

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	First Name Middle Name	Last Name			_
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unemployment compensation	\$0.00			
	Do not enter the amount if you contend that the under				
	the Social Security Act. Instead, list it here:	↓			
	For you	\$0.00			
	For your spouse	<u> </u>			
	9. Pension or retirement income. Do not include benefit under the Social Security Act. Also, exc do not include any compensation, pension, pay United States Government in connection with a disability, or death of a member of the uniforme retired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pay entitled if retired under any provision of title 10	ept as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or d services. If you received any en include that pay only to the extent ay to which you would otherwise be	\$0.00		
	10. Income from all other sources not listed abord Do not include any benefits received under the received as a victim of a war crime, a crime action domestic terrorism; or compensation, pension the United States Government in connection winjury or disability, or death of a member of the list other sources on a separate page and put	ve. Specify the source and amount. e Social Security Act; payments gainst humanity, or international or , pay, annuity, or allowance paid by with a disability, combat-related e uniformed services. If necessary,			
Pa	Total amounts from separate pages, if any. 11. Calculate your total current monthly income. each column. Then add the total for Column A	\$0.00	+	= \$0.00 Total current monthly income	
12.	Calculate your current monthly income for the year	r. Follow these steps:			
	12a. Copy your total current monthly income from li		Copy line 11 here →	\$0.00	
	Multiply by 12 (the number of months in a year			x 12	
	12b. The result is your annual income for this part of				
	125. The result is your armual meetine for this part of	in the form.		12b.	\$0.00
13.	Calculate the median family income that applies to				
	Fill in the state in which you live.	Pennsylvania			
	Fill in the number of people in your household.	1			
	Fill in the median family income for your state and six To find a list of applicable median income amounts, ginstructions for this form. This list may also be availa	separate	13.	\$65,737.00	
	How do the lines compare?	, ,, , , , , , , , , , , , , , , , , , ,			
	14a. Line 12b is less than or equal to line 13. On Go to Part 3. Do NOT fill out or file Official F.	the top of page 1, check box 1, There or orm 122A-2.	is no presumption of ab	use.	

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*

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Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

Date 02/20/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.